



MINISTRY OF FOREIGN AFFAIRS  
OF THE KINGDOM OF THAILAND



## **REGISTRATION FORM**

### **THE BANGKOK SYMPOSIUM ON LANDMINE VICTIM ASSISTANCE: ENHANCING A COMPREHENSIVE AND SUSTAINABLE MINE ACTION**

**Bangkok, 14 - 17 June 2015**

Please fill (in capital letters) and return the completed form to  
**isu@apminebanconvention.org** and **bkksymposium2015@gmail.com** by 1 June 2015.

| 1. DELEGATE DETAILS      |                                                                                                                 |          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------|----------|
| Country                  |                                                                                                                 |          |
| Title                    | <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> Other (                      ) |          |
| Name                     | First Name                                                                                                      |          |
|                          | Middle Name                                                                                                     |          |
|                          | Last Name                                                                                                       |          |
| Organization             |                                                                                                                 |          |
| Job Title/Position       |                                                                                                                 |          |
| Work Address             |                                                                                                                 |          |
| Telephone No.            | Work:                                                                                                           | Mobile : |
| Fax No.                  |                                                                                                                 |          |
| E-mail                   |                                                                                                                 |          |
| Passport Type            |                                                                                                                 |          |
| Passport Number          |                                                                                                                 |          |
| Passport Issued by       |                                                                                                                 |          |
| Passport Expiration Date |                                                                                                                 |          |

| 2. FLIGHT INFORMATION (if apply) |                                        |             |
|----------------------------------|----------------------------------------|-------------|
| ARRIVAL<br>in Bangkok            | Flight Number<br>(Place of Embarkment) | Date & Time |
|                                  |                                        |             |
| DEPARTURE<br>from Bangkok        | Flight Number                          | Date & Time |
|                                  |                                        |             |

### 3. HOTEL RESERVATION

|              |                                                                                                                                                                                                                                      |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hotel</b> | <input type="checkbox"/> <b>Pullman Bangkok King Power (Meeting Venue)</b><br><i>Please make reservation to the hotel directly by filling the attached form</i><br><br><input type="checkbox"/> <b>Other</b> _____ (Please indicate) |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Participants should make their own reservations using the attached reservation form.  
For more details about the reservation, please see the administrative arrangement.

### 4. WELCOMING RECEPTION (14 June 2015)

|                                                             |                                                                        |
|-------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> <b>I will attend the reception</b> | <input type="checkbox"/> <b>I will <u>not</u> attend the reception</b> |
|-------------------------------------------------------------|------------------------------------------------------------------------|

### 5. SPONSORSHIP (for limited number of eligible countries)

|                                                                   |                                                                                 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>I wish to request for sponsorship</b> | <input type="checkbox"/> <b>I do <u>not</u> wish to request for sponsorship</b> |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------|

### 6. FIELD TRIP (16-17 June 2015)

|                                                            |                                                                       |
|------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> <b>I will join the field trip</b> | <input type="checkbox"/> <b>I will <u>not</u> join the field trip</b> |
|------------------------------------------------------------|-----------------------------------------------------------------------|

※ Field Trip to Surin Province, which will be fully sponsored by the Ministry of Foreign Affairs of Thailand, will take place on 16-17 June 2015. Maximum number of participants will be limited at 60 delegates on a first-come, first-served basis.

### 7. FOOD RESTRICTION

|                                                                      |                                                                                             |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>I have <u>no</u> food restriction(s)</b> | <input type="checkbox"/> <b>I have food restriction(s)</b><br><b>Please provide details</b> |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

### 8. ACCESSIBILITY REQUIREMENTS

|                                                                                    |                                                                                         |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>I do <u>not</u> have an accessibility requirement.</b> | <input type="checkbox"/> <b>Please take into account the following requirement(s) :</b> |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*